

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000



INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as

maintenance fee notification	15.		a new correspondence addr	ess; and/or (b) indicating a sep-	arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)  23694 7590 01/28/2004			Fee(s) Transmittal. papers. Each additi	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
		7 A TT A 13		_		
726 DUBOCE AV	ROSS, ATTORNEY	ALLANIPE	I hereby certify the	Certificate of Malling or Transmission  I hereby certify that this Fee(s) Transmittal is being denosited with the United		
SAN FRANCISCO, CA 94117			States Postal Servi addressed to the I transmitted to the L	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.		
		APR 2 2 2004 W	Anthon	y Gross	(Depositor's name)	
			Man	or Ara	(Signature)	
		Te de la constitución de la cons		Apr.1 20,20	04 (Date)	
APPLICATION NO.	FILING DATE	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/014,414	01/27/1998 JOHN N. GROSS		I. GROSS	JNG-98001	4479	
TITLE OF INVENTION: MODIFYABLE STATUS F		OL FOR CONTROLLING T	HE LANGUAGE CONTE	NT IN DOCUMENTS USING	G DICTIONARIES WITH	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$665	\$0	\$665	04/28/2004	
EXAMINER		ART UNIT	CLASS-SUBCLASS			
- PAULA, CESAR B		2178	707-533000	_		
PTO/SB/47; Rev 03-02 of Number is required.  ASSIGNEE NAME AND	on (or "Fee Address" Indicator more recent) attached. Use RESIDENCE DATA TO B an assignee is identified bed to the USPTO or is being to	tion form e of a Customer  E PRINTED ON THE PATEN low, no assignee data will appeaubmitted under separate cover.	T (print or type)	gistered patent sted, no name 3  If assignee data is only appropri	ate when an assignment has ignment.	
lease check the appropriate	assignee category or catego	ries (will not be printed on the	patent); O individual	Corporation or other private g	roup entity	
a. The following fee(s) are enclosed:  4b. Payment of Fee(s):						
Wissue Fee			A check in the amount of the fee(s) is enclosed.			
Publication Fee Pro-2038 is attached.						
O Advance Order - # of Copies OF The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number						
Director for Patents is reques	sted to apply the Issue Fee at			d issue fee to the application ide		
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from other than the applicant; a registered attorney or agent; or the assignee or other interest as shown by the records of the United States Patient and Trademark Office.			party in	ANDNDAF2 00000128 50124	9014414	
	<del></del>		01 FC:2501	665.00 DA		
obtain or retain a benefit is application. Confidentiality estimated to take 12 minut completed application for case. Any comments on suggestions for reducing the Patent and Trademark 22313-1450. DO NOT S	by the public which is to five is governed by 35 U.S.C. I see to complete, including groun to the USPTO. Time with amount of time your	1.311. The information is required to the USPTO to prove 22 and 37 CFR 1.14. This collegathering, preparing, and submit II vary depending upon the intequire to complete this form to the Chief Information Officof Commerce, Alexandria, TED FORMS TO THIS ADIginia 22313-1450.	cess) an cetion is ting the dividual and/or			
Under the Paperwork Recollection of information un	duction Act of 1995, no polices it displays a valid OM	persons are required to response control number.	nd to a			
TRANSMIT THIS FORM WITH FFF(S)						